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ABSTRACT

This module is part of a training program for foster parents and foster care workers offered at Colorado State University. The module describes what sexual abuse is, why sexual abuse occurs, and how counties report and investigate cases of alleged sexual abuse. The module's learning objectives address: (1) ways of improving the child placement and treatment planning processes for sexually abused children; and (2) ways of enhancing the monitoring and supervision of the foster care of sexually abused children. The module consists of seven lectures which include reading materials, charts, and activities for individuals or groups. Lecture 1 provides an overview of child sexual abuse. Lecture 2 examines symptoms of, and developmental problems that arise as a result of, child sexual abuse. The process of reporting sexual abuse is described in Lecture 3. Lecture 4 explains the traumas that children experience as a result of sexual abuse. Lecture 5 examines the roles of foster parents and foster care workers in helping children deal with the effects of sexual abuse. The types of provocative sexual behaviors that are sometimes displayed by sexually abused children are discussed in lecture 6. Lecture 7 considers treatments for the trauma of sexual abuse. A list of 34 references and a form for evaluating the module are appended. (BC)

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FOSTERING FAMILIES

Understanding the Impact of Sexual Abuse

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FOSTERING FAMILIES

A Specialized Training Program
Designed for
Foster Care Workers & Foster Care Parents

UNDERSTANDING THE IMPACT OF SEXUAL ABUSE

Mona Struhsaker Schatz, D.S.W.
Project Director
Co-Author & Editor

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May, 1992

Designed in consultation with
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FOSTERING FAMILIES

is designed to improve the competencies of caseworkers and foster care parents in the areas of foster care placement, case management and supervision, case planning, and provide an understanding of the multiple-systems interfacing with families and out-of-home children.

is a unique opportunity for foster care parents and foster care workers to explore the many complex aspects of the foster care delivery system.

is a training program designed to be comprehensive in its approach to educating those people most important to the success of foster care.

is specially designed in 3 1/2 and 4 hour sessions to meet the varying learning and educational needs of foster care providers.

is designed to foster "a partnership of skill" to effect quality care for families and children in distress.

is offered for upper-division college classwork in the Social Work Department and Division of Continuing Education at Colorado State University.

is a collaborative project with the Colorado Department of Social Services and supported with funds from Title IV-E and Colorado State University.

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INTRODUCTION

Fostering Families is a specialized foster care training program. Various important learning concepts related to families, youth and children are explored *within* the context of child welfare and protective services. By paying specific attention to the foster care environment, Fostering Families' training is highly relevant for caseworkers and foster parents. Fostering Families is also unique because faculty and training staff receive regular input from foster parents and social services people who work daily to meet the needs of children in out-of-home placement. Thus, this training project continues to evolve because of the on-going training program.

Our goal is to create small group training experiences which offer new knowledge, concepts, ideas, and skills to improve (1) the foster care assessment and placement process, (2) the case planning, monitoring and supervising process, and, (3) the recruitment and retention of foster homes.

Foster parents and caseworkers are learning collaboratively in each session. Each module is designed to motivate participants to go beyond simple transmission of information to training opportunities created so that trainees can apply concepts either in role play situations, small group experiences, or through individual activities. Participants are also provided the opportunity in the training session to integrate their learning through discussion and group experiences. To achieve high accessibility for foster parents, training sessions are often held in the evenings and on weekends. To afford access to caseworkers, sessions are also scheduled on weekdays. Each week training sessions are held throughout the urban, suburban and rural areas of the State.

<u>Understanding the Impact of Sexual Abuse</u> is an important addition to the curriculum for Fostering Families. Extensive numbers of boys and girls have some acquaintance with abuse through sexual exploitation. We have learned of children who have been used in pornography; other children have experienced sexual activities with a trusted parent or close family member. We have included information that describes what sexual abuse is, why sexual abuse occurs, and how a county gets involved through the reporting and investigation of sexual abuse.

Being a victim of abuse is difficult. Being in an out-of-home placement situation may contribute to a child's feeling of victimization. Sexual abuse, however, is a family problem, not solely a child's. Many practitioners today view sexual abuse as a trauma for the child, thus we can use information on trauma resolution to help children. Sexual abuse requires various intervention strategies in order to minimize the harm that has already taken place.

FOSTERING FAMILIES

INTRODUCTION

The impact of sexual abuse is not measured easily, yet, much of the available literature informs us that sexual abuse survivors often have problems into their adult lives.

Each manual is written to provide a wide range of information on the topic area being addressed. In the training session it is unlikely that everything in the manual will be equally addressed. We recommend that the manual be read completely soon after a training session. We have been told that this helps greatly toward gaining a full understanding of the issue at hand.

Colorado State University allows participants the opportunity to gain university credit when a series of training sessions are satisfactorily completed. During the session, the training instructor will review procedures for applying for credit.

We welcome you to this Fostering Families training session. We encourage you to participate fully in the training; ask questions that help you (and others) in this interesting and challenging learning opportunity.

A SPECIAL NOTE TO THE PARTICIPANTS

Discussing sexual abuse is not easy for most of us. We want to promote an environment that respects that we may experience this discomfort from time to time. For some of us, using sexual words in public is difficult; even hearing these terms is hard. This discomfort may stem from our traditional experience where sex was only discussed with intimate partners and our doctor--not even with our parents or other significant adults in our lives. We believe that the needs of sexually abused children demand that we learn to say the words that these children do not often even know, still further we wish they did not have to learn. Because of the serious nature of sexual abuse, we must scale another hurdle, one we never expected to climb.

Every trainee is welcome to learn at their own pace and talk about what they are comfortable with and able to discuss. Hopefully, the trainers will be available for a few moments before and after the training if there are specific issues or concerns that require individual discussion.

FOSTERING FAMILIES

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GLOSSARY OF KEY TERMS

incest	**sexual activity between biologically related family members such as father and daughter, siblings, aunts and nephews, etc.**
perpetrator	**the person who abuses the child(ren) sexually.**
sexual abuse	**nonconsenting (children are not mature enough to give informed consent) sexual activity between adults and children.**
sexual assault	**any kind of nonconsenting sexual activity between adults and children or with other adults. Rape is a form of sexual assault.**
victimization	**a sense of helplessness about being sexually abused and feeling powerless to stop it from happening again.**

FOSTERING FAMILIES

LEARNING OBJECTIVES

1. **Toward improving the child placement and treatment planning processes for caseworkers and foster parents, participants will:**

   a) **identify family and environmental factors commonly associated with child sexual abuse,**

   b) **examine common symptoms and behaviors of children who have been sexually abused,**

   c) **explore how to handle specific problem behaviors in children who have been sexually abused,**

   d) **explore the reporting and validation procedures of alleged sexual abuse.**

2. **To enhance the monitoring and supervision processes, trainees will:**

   a) **examine the role of foster parents in helping sexually abused foster children,**

   b) **examine the roles and responsibilities of caseworkers,**

   c) **review therapeutic intervention strategies for sexually abused foster children.**

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SURVEY

Instructions: Please take a few moments before the training begins to complete the questions below.

1. **What concerns do you have when a sexually abused child is placed in your home?**

2. **If you have fostered or been the caseworker with a sexually abused child, what were the biggest concerns for the child? And for you?**

3. **Do you currently have a foster child(ren) in your home who has a history of sexual abuse? Yes____ No____**

4. **Have you attended other training sessions on sexual abuse? Yes____ No____**

5. **What would you like to learn from this training?**

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OVERVIEW OF SEXUAL ABUSE

Lecturette #1

All of us know that children need a loving and nurturing environment to grow and develop. Sadly, many children do not receive this kind of environment. This lack adversely affects children as well as society as a whole. Although there are many ways that children can be abused and neglected, in this module we will focus on the effects of childhood sexual abuse.

Because of time and space limitations, we are not able to give attention to ritual sexual abuse, though we know that this is a growing trend, and damaging to children.

Prevalence

Many children who are placed in foster care have been sexually abused. Some workers suggest between 50 to 75 percent of the caseloads include sexually abused children. Children are sexually abused by one or both parents, or by other relatives such as grandfathers, brothers, aunts or uncles. They may also become abused by people outside of the home such as teachers, family friends, or strangers. In almost all cases the child(ren) knows the abuser.

More girls than boys are abused, with the majority being between the ages of 8 and 12. Sexual abuse is found at all age levels--from infancy through toddlerhood, and the early, middle and adolescent years.

Individual or Group Activity:

1) Fill out survey at front of workbook.

2) Review as large group discussion.

It is estimated that as many as one in five girls and one in eleven boys have been sexually molested. Of this number, perhaps only one-third of the girls and one-fourth of the boys ever report the abuse (Finkelhor, 1987). Because of this low reporting situation, social service workers and foster parents need to be alert to the behaviors and feelings of children in placement who may have been sexually abused. In many cases, the child placed out of the home was initially placed because of physical abuse or neglect. Only later do workers learn that the child experienced sexual abuse.

A number of studies carried out in the past ten to fifteen years tell us that there are short and long-term effects of childhood sexual abuse (Bagley & Ramsey, 1986; Berliner & Stevens, 1982; Cahill, Llewelyn, & Pearson, 1991; Finkelhor, 1979). How a particular child is affected depends upon the type of sexual abuse, the age of the child when the abuse occurred, the developmental level of the child, the personality of the child, the support he/she has from other adults, her/his relationship to the abuser and the way the abuse itself was handled in the family. This will be discussed in more depth in the last section of this manual.

Definition of sexual abuse

Definitions of child sexual abuse are broad and rather vague. A simple definition used by Finkelhor (1979) says that

> sexual abuse is "coercive and nonconsenting sexual activity"

Sexual acts between an adult and a child are always coercive because a child is unable to truly give informed consent in such a situation. Sexual abuse is used for the pleasure of the adult without concern for the impact of the sexual activity on the child.

Specific types of child sexual abuse

On the next page, Chart A lists specific types of child sexual abuse. These include touching the genitals, forced masturbation, digital penetration (using the fingers), oral-genital contact, vaginal and/or anal penetration, voyeurism, exposure, and pornography.

Individual or Group Activity:

Examine Chart A entitled "Definitions of Types of Sexual Abuse."

Why do people abuse children sexually?
The why? of sexual abuse

Many people have asked the question "Why does sexual abuse occur?" Many possible causes have been identified. One that occurs commonly in the research literature is that there is an intergenerational "cycle of abuse" (Cooney, 1987; Finkelhor, 1987; Finkelhor, 1986). This means that if children are sexually abused when they are very young they are likely to be sexually abusive when they are adults.

Individual or Group Activity:

Examine Chart B entitled "Indicators Where the Risk of Incest is High."

Other factors that have been associated with sexual abuse include: low income, family stress (such as poor housing, unemployment, large families, sick or handicapped children), family isolation, and one parent (usually the father) making all the decisions in the family. Alcohol use by the perpetrator has also been connected to sexual abuse of children. Studies (Finkelhor, 1979; Gelles & Cornell, 1990) about all of these factors conflict in their results but many feel from a "common sense" standpoint many of these factors tie in to sexual abuse of children in some way.

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DEFINITIONS OF TYPES OF SEXUAL ABUSE

Chart A

- **Touching genitals** (sex organs)

- **Forced masturbation** (forcing the child to stimulate her/his own sexual organs)

- **Digital penetration** (abuser puts fingers in child's vagina or rectum)

- **Oral-genital contact** (abuser puts his/her mouth on child's genitals)

- **Vaginal or anal penetration** (abuser puts fingers, objects, or penis in child's vagina or anus)

- **Voyeurism** (abuser observes child when child is nude or partially clothed)

- **Exposure** (abuser shows child his/her own sexual organs)

- **Pornography** (photographs, books, or films that depict sexual acts between adults and/or children)

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INDICATORS WHERE THE RISK OF INCEST IS HIGH

CHART B

From the variety of sources used to develop this training manual, some indicators seem to be associated with families where sexual abuse occurs. There is, however, no formula and no way to know which indicators are most predictive.

***violence in the family such as spouse abuse**

***alcohol or drug addiction**

***poor relationship functioning in the spouse unit**

***inability of family to express feelings**

***excessive absence of mother or caretaker spouse**

***failure of spouse unit to maintain some sexual life**

***situations where adult male and daughter(s) are left alone regularly for extended periods of time**

***family crisis**

***mother extremely passive, dependent on male/husband**

***child is a caretaker for the adults particularly**

***history of sexual abuse among adults**

***isolated family, few outside friends**

Perpetrators of child sexual abuse are usually seen as immature emotionally, socially isolated, and having histories of being sexually abused when they themselves were children. Their behavior is looked at as part of the whole family dynamic, however, in cases of incest. This means that even though the perpetrator may have these tendencies to abuse children, certain conditions in the family (like those mentioned above) may need to be present before the abuser will actually abuse a child or children.

Some children seem to be at higher risk for sexual abuse. Children where a step-father is present in the family system, or families where the mother is in charge of the household are at higher risk. Abuse also seems more prevalent in households where the mother is absent from the home much of the time (i.e., working evening shifts), or is ill (physically ill or suffering from depression), or is disabled.

We mentioned an "intergenerational cycle of abuse." There is also a cycle that reflects sexual abuse in the present family system. That cycle is depicted in Chart C. (Taken from Hoorwitz, 1983)

Individual or Group Activity:

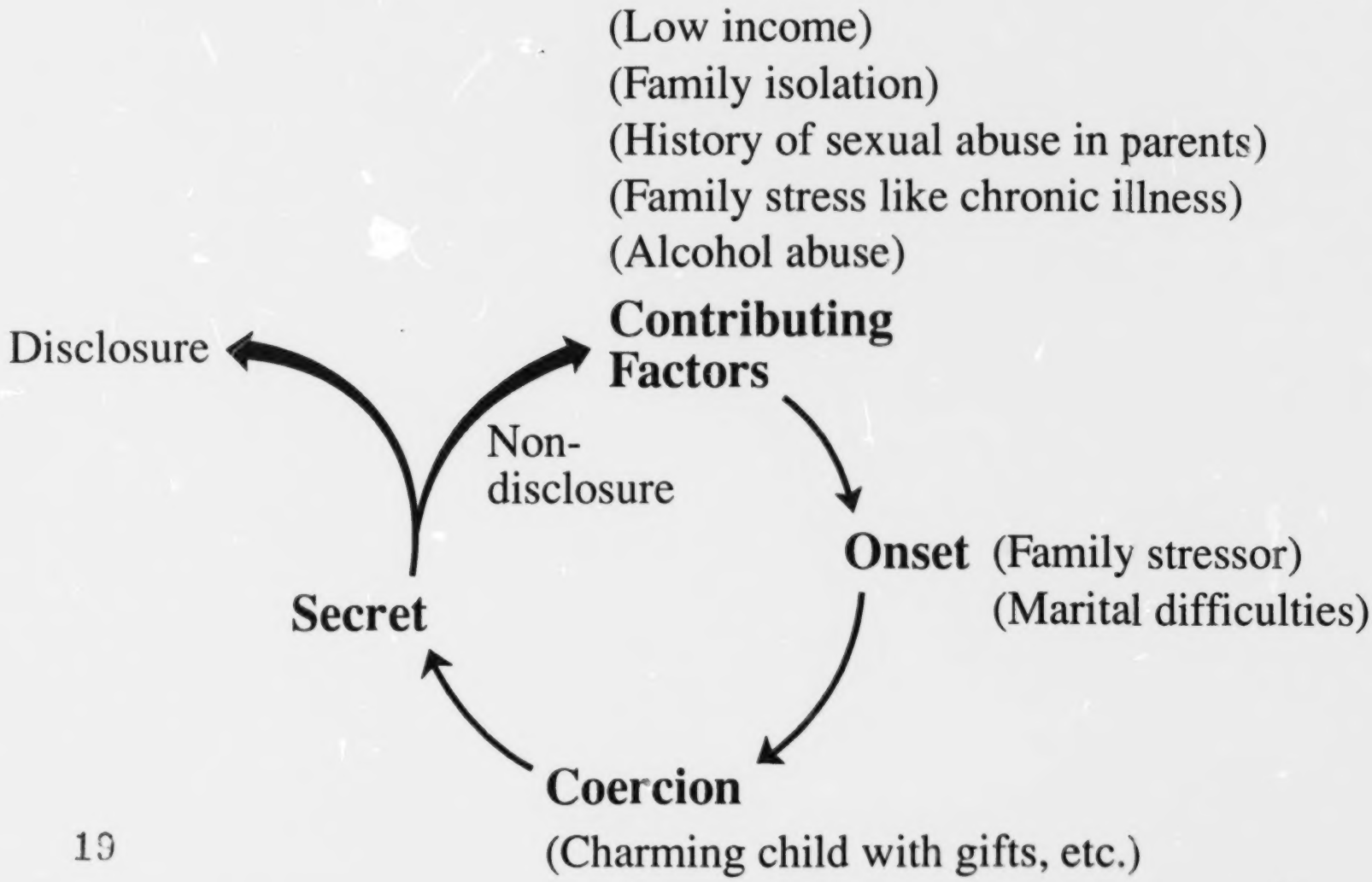
Examine Chart C entitled "Cycle of Abuse."

CONTRIBUTING FACTORS are precursors to the **onset** of family stress or marital difficulties. The process of **coercion**, initiated by the perpetrator, may be manipulative, though in some cases, this coercion is physically forceful. The "promise of silence" or the **secret** sustains the sexually abusive experience.

Considering the action of disclosing is difficult. Many children do not disclose, and, may see the pattern re-initiated time and time again. **Disclosure** stops the cycle.

THE CYCLE OF CHILD SEXUAL ABUSE

Chart C



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CHILDHOOD SEXUAL ABUSE: SYMPTOMS AND IMPACTS ON DEVELOPMENT

Lecturette #2

The immediate impact of sexual abuse on a child is difficult to measure. Some children may show symptoms of distress while sexually abusive behaviors are occurring, others will not show symptoms until disclosure: some have a delayed response, while others appear to be unaffected by the abuse (Berliner & Stevens, 1982). Initial behaviors that seem extreme may not be an indication of long-term difficulties. Some (Ney, Moore, McPhee & Trought, 1986) believe that it is the interpretation the child makes of the abuse and not the abuse itself that determines the impact it has on the child. For instance, in a case of fondling, the physical contact itself may not be harmful, what causes damage is the child's loss of trust in the adult who abused her/him.

There is no "typical" reaction to sexual abuse. There are also no set types of children who get abused. Children of either sex, who are rich or poor, are of any age, ethnic background or class are sexually abused.

For many children in foster care, disclosure of sexual abuse often does not occur until the child has been in the foster home for a period of time. Many children are removed from their biological homes because of physical abuse or neglect; the presence of sexual abuse is often not discovered until much later.

Caseworkers and foster parents need to be very aware of the symptoms of sexual abuse. Some of those common symptoms are discussed below and are also listed in Chart D.

Children who have been sexually abused may have some or many of the following characteristics: Overly compliant behavior; acting-out or aggressive behavior; overly responsible or adult-like behavior; no sense of boundaries about their body; ashamed or disgusted with their body; feel out of control; hint about sexuality; persistent and inappropriate sex play with peers, toys or themselves; detailed and age-inappropriate language and understanding of sexual behavior; arriving early at school and leaving late; poor peer relationships or inability to make friends; poor self-esteem; inability to concentrate at school; sudden drop in school performance; unusual fear of men; seductive behavior towards men (in girls); running away from home; sleep disturbances (nightmares); eating disorders; self-mutilation (pulling out their hair, cutting or burning themselves); appearance of former behaviors (thumb sucking, bedwetting, etc.); tics; fire setting, pulling away from social interaction or clinging; wearing extra layers of clothing; hiding clothing; trust issues; phobias; depression; anxiety; excessive shame or guilt; suicidal feelings.

Individual or Group Activity:

Examine Chart D entitled "Some Common Behaviors of Sexually Abused Children."

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SOME COMMON BEHAVIORS OF SEXUALLY ABUSED CHILDREN

Chart D

- Angry, aggressive behaviors

- Adult-like, overly mature behaviors

- Sexually provocative behaviors--acting out, masturbating, flirting with adults

- Poor social interactions with adults and peers

- Regressive behaviors--thumb sucking, bed-wetting

- Self-harming behaviors--eating disorders, cutting or hitting self

- Depression, anxiety, distrust of self and others

- Suicidal thoughts and feelings

Some of these initial effects can also be related to other types of trauma, not just sexual abuse. For instance, removal from the home, physical abuse, or death of a parent may manifest problematic behaviors in these ways also. The only specific behaviors which by themselves suggest sexual abuse are unusual and developmentally inappropriate sexual behaviors. When children act out inappropriately it can be assumed that they learned this behavior either through direct experience or through observing sexually explicit material.

Chart E outlines some reactions to sexual abuse that occur at different levels of development. These symptoms may show up immediately or may give an indication of how old the child was when the abuse actually occurred. For instance, in the case of children who are abused between the ages of birth and two years old, some initial effects that one might see are fear of adults, excessive crying, attachment difficulties, etc. Children who were abused at this age but are now older may display regressive behaviors such as rocking, use of baby talk, etc. They may also have nightmares, phobias, trust difficulties and a tendency to "space out." Often these children have a fear of being alone, feel there is something evil in the home, have extreme reactions to sounds or smells and describe feelings of being choked or suffocated. It will be difficult for these children to talk about what is wrong because they have feeling memories about what happened but did not have language skills at the time that the abuse occurred.

Individual or Group Activity:

Examine Chart E entitled "Symptoms of Child Sexual Abuse at Different Developmental Levels". Training participants should reflect on how accurate this chart appears based on their experiences.

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SYMPTOMS OF CHILD SEXUAL ABUSE AT DIFFERENT DEVELOPMENTAL LEVELS
Chart E

Infancy: (0 - 2)

Fear of adults, don't like to be touched, extreme fussing or no crying, attachment difficulties, failure to thrive, constipation.

Early years: (2 - 5)

High levels of aggression and hostility to caretakers and other children, sexual acting out behaviors with toys or other children, weeping or no show of emotion, nightmares, bed wetting or messing pants, thumb sucking, tics.

Middle Years: (6 - 12)

Active defiance of adults, aggression and hostility to adults and peers, fears and phobias, school problems, wringing of hands, overly responsible, may wear extra layers of clothing, sleep disturbances (nightmares, etc.), bedwetting, tics, open masturbation, excessive interest in sexuality, exposure of genitals.

Adolescence (12 - 18)

Depression, running away, prostitution, promiscuity, gang involvement, eating disorders, defiance of the law, fear of being harmed, sleep disturbances (nightmares, etc.), excessive drug use, alcohol abuse, suicidal thoughts, feelings, attempts, sexual abuse of others, self mutilation (cutting, etc.), early marriages.

Studies (Friedrick, Urquiza, & Beilke, 1986; Tufts New England Medicine Center, 1984) indicate that one-third to one-half of the children who are sexually abused will develop significant behavioral problems of some kind. Physical complaints as a result of sexual abuse can include venereal disease; infections; gynecological disorders; and stomach aches and/or headaches that don't have a physical cause. A child may have physical injury to the genitals themselves including bruising, tearing, etc. The anus may also be damaged in some way.

Most children who are sexually abused appear to recover from the observable effects of the abuse and are able to function adequately as adults (Berliner & Stevens, 1982). The worst effects seen in children and adults are in those for whom abuse continued for a long period of time, occurred with someone closely related, involved penetration, and included physical violence (Browne & Finkelhor, 1986).

For the child that ends up in foster care, sexual abuse can be just one of many types of abuses that the child has experienced in his birth family. These children have on-going difficulties that need constant care throughout their life cycle.

FOSTERING FAMILIES

REPORTING

Lecturette #3

Most children who have been sexually abused don't report the abuse to authorities (Finkelhor, 1983). This is understandable because a child's need for security and permanency seem stronger than their concern about the abuse that is occurring. They are usually willing to tolerate the abuse for quite a while so that their family is not disrupted. Because many cases of abuse are not revealed by children, caseworkers and foster parents need to be alert to the symptoms of it.

Young children, ages up to even six or seven, do not understand that sexual abuse is wrong and may see it as the only way to get necessary love and affection from a parent, relative or adult. Some children believe that no one will believe them if they report the abuse, or they are afraid they will be blamed for what happened. Many children have been bribed or threatened by the perpetrator. For these reasons and others, most children who have been sexually abused do not report its occurrence. Others who do report often later deny their stories rather than experience the difficulties their telling has created.

In dysfunctional families, children often do not know what normal, appropriate behaviors are for family functioning. When they move to the day care or school environment they start to pick up insights about how their home and family is different. Experience has indicated that many of these children do not realize their victimization until "good touch, bad touch" presentations at school.

We know that in many situations, a child has been told things such as

* "don't tell your mommy"
* "don't tell or daddy may go to jail"
* "this is our secret"
* "this is daddy's special way of loving his little girl"
* "I am just massaging you..."

When children do not like the sexual advances made to them, often they will dissociate--remove themselves mentally from the activity. So, they will forget or deny the abuse because they actually "were not there" in a manner of speaking. Children experience high levels of anxiety and fear for what will happen if they were to tell someone. They recognize that they will turn their family topsy-turvy.

It is not surprising then, to learn that when the disclosure of child sexual abuse does occur it throws the whole family into a state of crisis. Often the child is removed immediately from the home. Other children may be removed, as well, when there are concerns about their welfare also.

The child who reports can feel fear, anxiety and guilt about having reported. If the father is the perpetrator, he will have concerns about losing his job, and, his family. If it is another adult family member, then there are mixed loyalties from other family members. The child's mother may react first with disbelief, and then shock, and guilt. The reporting itself disrupts the whole family's equilibrium--extended family, as well, and creates "an unknown" future. For this reason, it is an important time for intensive family and individual treatment to occur.

At this point in the process, it is vitally important for the caseworker to be available to family members for questions about court procedures, treatment, etc. Caseworkers need to recognize that revenge, family break-ups, and suicides are possible secondary responses to this family crisis. Most importantly, the caseworker should sustain a stance of caring objectivity--compassion, keeping a level head, and using his/her antennae to monitor the reactions of family members.

<u>What happens in reporting?</u>

Children are taken to a hospital where they are examined by a doctor and asked questions. When a report of sexual assault on a child is reported after regular work hours, the report is received by the police/sheriff's office. If the perpetrator is in the immediate environment, the police will arrest the perpetrator. Many suspected perpetrators are never arrested, however. Some are never located, while others provide alibis that release them from prosecution. The most sensational of cases with lurid details and several children involved have more chance of being convicted in a court of law.

It is at the time of the report, then, which may be made days, weeks, or years after the sexual assault incidents, that an officer or caseworker determines the need for medical examination. If the abuse is severe--with vaginal or anal penetration, the child is taken to the emergency room and examined for evidence of the sexual assault by emergency room or resident medical staff. It is very probable, particularly in small rural medical facilities, that emergency room medical staff are inadequately trained in examining a sexually abused child. This becomes problematic.

Social services is notified by the arresting authorities. Then, a social service worker interviews the child about the abuse. It is determined at that time whether the child will be safe in their own home, or, whether the child requires emergency out-of-home placement.

After reporting, social services purpose is to protect the child from further harm and to provide physical and emotional safety. Caseworkers must respond in ways that support the child and family and does not re-traumatize them. This may include help to resolve emotional reactions to the abuse by the child and the family and will include therapy for the child and the perpetrator. The caseworker will also have a part in helping the family understand the implications of reporting and prosecution and the complexities of the legal process. Caseworkers are the petitioners on behalf of the children. As such, workers must work with county attorneys each step of the way. When, for instance, continuances are requested, the county workers should be reminded by workers that a swift legal resolution for the best interests of the child(ren) is requested.

Unfortunately, in cases of sexual abuse, the abused child is commonly removed from the home because the perpetrator is a family member. This gives the child the message that they are wrong and the one to blame for what occurred. The child's life is disrupted, and simultaneously they lose their emotional support. It is most devastating in sexual abuse, when the mother "turns away" from her child at this time, because she is in denial or disbelief.

The child will be asked to testify at a preliminary hearing. S/he will be questioned by a district attorney. It is important to indicate that district attorneys are

very hesitant to prosecute a sexual abuse case when a child is the only witness. Many sexual abuse cases are declined by the district attorney's office because a child is not seen as a good or reliable witness.

When, however, a case is taken to a preliminary hearing, the district attorney will also prepare the child for testimony. It is best to request that the guardian ad litem be present when the district attorney questions the child. A very important task for the caseworker and the foster parent is to get the guardian ad litem invested in the child so the safeguards needed are there, and the child also has another advocate.

When a child is nearing their court date, an important role for the guardian ad litem is to take the child on a tour of the court. The guardian ad litem should talk about what will happen and who the key actors are in the process, e.g. the judge, etc. Up to two years later, the child may be required to testify at the abuser's trial. What makes the trial so difficult for a child is that the abuser will be present at the trial, a jury and/or judge will be present, and the child will be cross-examined by the abuser's attorney. Some courts do allow a young child to be interviewed outside the court, by video television, and that is then presented in the court for the judge and/or jury.

According to Conte & Berliner (1981), a family's interaction with the criminal justice system does not necessarily have to be awful. We recognize that a child often has to tell the story of abuse many times and be interviewed by different people who may or may not be kind and caring. Caseworkers can help protect children in this process by setting up combined interviews, and monitoring the questions being asked.

Children may feel "suspended" for a long time because of the time between reporting and the end of the case. Yet, children who sustain the courage and stamina (through anger or whatever) sometimes do see a just end to the process.

Having recognized that there can be just ending, we must indicate that many cases of reported sexual abuse are not successful in conviction of the alleged perpetrator. In a large number of cases, children get scared and decide to deny their abuse story when they realize the long road that is ahead of them in the court system. A child's parents may also encourage them to change their story. The longer the time period between reporting and the trial, the more likely it is that the child will deny their story or alter the details in such a way that the district attorney must ask for a dismissal. This is unfortunate because talking about what happened can help the child to process it. It can also help them come to terms with it.

Ways in which we can help children to remain capable of recounting and re-recounting the trauma of their sexual abuse situation includes

- ***fully supporting the child**
- ***believing their abuse story**
- ***asking when they first report what it would take for them to take back their story (separation from parents, etc.) (Rieser, 1991)**

Foster parents and caseworkers need to be aware that some adults in custody disputes tell the child to say they have been abused by their father, etc. Children who have been coached tend to say the same thing over and over again and also use the same words. Unfortunately, these situations are becoming more and more common.

What might be helpful for caseworkers to know is that children who have been abused tend to give the same facts each time but may tell their story in different ways.

The caseworker may also be called as an expert witness to testify in the case. This is happening much more often now and tends to be based more on the worker's experience in working with sexually abused children than on his/her educational background.

The Investigation

The immediate steps a caseworker takes after disclosure are

1) to protect the child by filing a report,
2) get medical care for the child (to check for injury, disease, or pregnancy if the child is old enough), and
3) assure the child they are not to blame for what has occurred.

The abuser's responsibility for the abuse and the break up of the family needs to be emphasized to the child.

The investigation process itself can be confusing because both police and child welfare workers participate. The purpose of the investigation is to validate that the sexual abuse actually occurred.

Validation depends on the ability to interpret the child's behavior, evaluate physical signs of sexual abuse, and use information gathered from interviews with the child and others (Sgroi, Porter, & Blick, 1982).

Validation is part of the initial case management in child sexual abuse. **In addition to the behavioral signs of sexual abuse that we have covered, the physical signs of sexual abuse may include trauma to the genital or rectal area, foreign bodies in the genital, rectal or urethral openings, and abnormal enlargement of the urethral, the vaginal or the rectal openings. Obviously, these would need to be evaluated by qualified medical personnel. Most of the time physical evidence of sexual abuse is rare(Sgroi, Porter & Blick, 1982).**

Witnesses of the abuse are even more rare. Because of this, caseworkers have to look for others signs of abuse such as a number of incidents reported over time, evidence of secrecy and coercion, sexual acting out behaviors, sexually provocative behaviors, and explicit sexual descriptions by the child. (Conte & Berliner, 1981).

<u>Interviewing the Child</u>

Interviewing is an important part of this validation process. When interviewing the child, the caseworker begins with the stance of believing the child, not blaming him or her, and praising the child for having the courage to report the abuse (Kempe, 1984). When very young children disclose their abuse they can be vivid with the words they use to describe the abuse, for instance--s/he may say "bottom hurts."

Children at the ages of 5 or 6 can be more descriptive about what happened and can be assisted with knowledge of appropriate terminology through the use of anatomically correct dolls. These children may not show highly elevated emotions, making it seem like they have not been emotionally impacted by what occurred. This may be more a reflection of their developmental level than of the fact that they were not traumatized.

Children at this age have a limited ability to express what happened and an even more limited ability to make sense of it in any way (Kempe, 1984). In many cases, these children have not learned "feeling" words in their developmental process.

We also know many children dissociate the sexual acts from themselves so have little "connection" to the sexual activity they experienced.

When younger children are interviewed by the caseworker, police, and others, they need to be protected during questioning because they do not yet have the ability to protect themselves. Possible joint interviewing so the child does not have to tell the abuse story so many times is helpful, as well as having the same prosecutor throughout the legal process. Interview rooms that better meet a child's needs should be used.

The caseworker should have an idea of the types of questions that will be asked. S/he should also be attentive to the questioning style that someone uses (for instance, are they gentle with the child or do they badger him/her?) When more than one child is involved, the process gets even more stressful and time consuming.

Questions need to be simple for the child and nonleading. Children have a strong desire to please adults so may answer with a "yes" because they think that is what the adult wants to hear.

Questioning becomes most difficult when a child has been warned by the perpetrator not to talk. Every aspect of the questioning becomes traumatizing because the child is violating the code of secrecy. Care needs to be taken so that this process does not recreate the trauma that the child has already experienced.

Much information can be gained through observation of a child. Many times children act out the traumas they have experienced through play. Anatomical dolls, puppets, or drawings can be used to also assist children in investigations.

Often, the report of sexual abuse is many months and even years after the incident(s) of abuse. In many cases, children in foster care divulge this situation after months or years in care. This makes aspects such as medical examinations less successful in gaining needed information for prosecution of a perpetrator. Foster children seem to finally open up about such abuse after they really believe they are "safe." Other children in non-custodial care also will not say anything about their earlier sexual assault until they are with someone they know and feel safe with. Foster parents need to be keenly alert to this so they are not surprised when the child talks about the abuse during mealtimes or some other "routine" activity.

<u>Interviewing the Mother</u>

The mother will need to be interviewed. She should not be interviewed in the presence of the child(ren) who was abused. The caseworker may have to help the mother see that the child was a victim and should not be blamed for the abuse that occurred.

The interview with the mother must not jeopardize the child in any way. This is a time to gather information from the mother. This is not a treatment interview, though care and empathy are needed.

FOSTERING FAMILIES

Maria: A Case Vignette

Exercise #1

Instructions:

Read through the following vignette. Respond to the questions below in small groups or an entire group.

> **A 15 year old girl, Maria, was admitted to a children's wing of a psychiatric hospital for attempted suicide several weeks ago. She had been in a single foster home for the last three years, doing quite well from all reports.**
>
> **She revealed in a note at the suicide attempt that she had been sexually abused by her stepfather for many years now. She said that the things he did to her she could no longer live through. It appears that during her weekend home visits, she was being sexually abused each time.**
>
> **Therapy sessions with her mother began several weeks ago. Her mother revealed in the last sessions that she had been sexually absued by her second stepfather, and, that her mother (the girl's grandmother) had been sexually and physically abused by her father.**
>
> **The step-father has not been involved in therapy. He is out on bond, awaiting the preliminary hearing which is scheduled for two weeks from now, based on expectations that Maria will return to the foster home by that date.**

Questions:

1. **How can the foster family support this girl when she returns home?**

2. **What should the worker do to prepare Maria for the upcoming legal actions?**

Probably the most difficult part of this interview process springs from the denial response of the mother. Though not all mothers do this, a large majority do. After time has passed, and possibly some therapy, the mother may be able to actually admit to and discuss her role in the success of the perpetrator's abusiveness.

Interviewing the Perpetrator

Most commonly, the father or male partner of the mother, or another male relative is the perpetrator, particularly with girls who are sexually abused. For boys, the perpetrator may be a male role model in the community, though fathers or male partners of mother are also common abusers. It is rare that a perpetrator reports their abusive behavior to authorities. It is also rare that the perpetrator readily admits his quilt.

The goals when interviewing the perpetrator are to get an admission of guilt for what occurred and an acceptance of full responsibility for what happened. It is important to note that perpetrators admitting to sexual assault will be sentenced to prison depending on the severity, the frequency, and time period of the abuse. Sentencing may vary by community.

FOSTERING FAMILIES

Ginney Lou: A Case Vignette

Exercise #2

Instructions:

Read through the following vignette. Respond to the questions below in small groups or an entire group.

> **This afternoon, Jane Elery, a long-term caseworker with the Stalk family, received an emergency call from Candy Lankin, the foster mother who has two of the three Stalk children in her home. Missy Stalk, 7 years old, and Jack Stalk, 5 years old have been at the Lankin home for 18 months now. Both have been doing quite well.**
>
> **When Jane returns Candy's call, she learns that Missy was sexually abused by her mother's boyfriend when she was in the home. Candy is so angry she weeps between sentences, and is shouting. Jane makes an appointment to come to the home right away.**

Questions:

1. **What suggestions could we give to Jane so she can help the foster mother?**

2. **When talking to Missy, what should Jane determine?**

3. **When should Missy contact Mrs. Stalk to talk about this matter?**

FOSTERING FAMILIES

REPORTING & INVESTIGATING: RESPONSIBILITIES FOR A CASEWORKER

CHART F

Caseworker needs to be available to the family for questions about treatment, the court procedures, etc.

Caseworkers need to keep in mind that revenge, family break-ups, and suicides as a result of reporting do occur.

The role of the caseworker is to be objective, keep a level head, and be aware of the reactions of all the family members.

The caseworker interviews the child about the abuse. It is deterimed at this time whether the child will be safe in their own home, or, whether the child requires emergency out-of-home placement.

One of the very important tasks for the casworker and the foster parent is to get the guardian ad litem invested in the child so the safeguards needed are there, and the child has an additional advocate.

Caseworkers must respond in ways that support the child and family and do not re-traumatize them.

Caseworkers can act as an advocate for all children and families who have to face the trauma and shame of a sexual abuse situation by educating all members of the media and criminal justice system about the developmental, emotional and medical needs of children, the basic concepts of family violence and family repetition of trauma, and by teaching a specialized interviewing procedure for children who have been sexually abused.

Caseworkers put the picture together, so to speak, in a way that accurately reflects the problems facing the child(ren) and family, and develop a treatment plan that can guide the overall case supervision and monitoring.

FOSTERING FAMILIES

THE "TRAUMA" OF SEXUAL ABUSE

Lecturette #4

Long-term effects that these children may suffer are difficult to assess and measure. There have been very few follow up studies to assess what really happens to a child. Also, little is known about the effects of a child testifying in court. In one study however almost half of the sexual abuse cases were still open three years after the initial report and most of these children were still placed out of the home (Faller, 1991). This is a large percentage of children in foster care because in two-thirds of the confirmed cases of sexual abuse, the child is initially removed from the home. This demonstrates that the sexually abused child is often removed from their home, and, stay separated from their family for a long period of time.

There are no studies that have been done following children over many years who were sexually abused. There are some, however, currently in process. It may be some time before we have this information. Most of the information we do have comes from adolescents or adults who remember being abused as children. Chart G outlines some long-term effects commonly associated with sexual abuse.

In an early study by Bagley of women who had been placed in foster care as children for sexual abuse, many had low scores in terms of depression, sexual relationships, self-esteem, and general mental health. In another study by Bagley (1986), women who were sexually abused as children reported experiencing divorce, unhappy marriages, more present stress, and low economic status. These women also experienced separation from their parents before the age of 16 and had poorer levels of educational achievement.

<u>Individual or Group Activity</u>:

Examine Chart G entitled "What To Ask For".

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WHAT TO ASK FOR
Chart G

Jean McFadden (1986) also suggests that foster parents ask the case worker for the following information when they do get a child who has been sexually abused:

- **The age and developmental level of the child when the abuse began.**
- **Where the abuse happened and with whom.**
- **What time of day it occurred.**
- **The other things going on in the biological family at the time.**
- **Did the child suffer from emotional neglect as well as from the abuse?**
- **What role did the child play with each parent?**
- **Are there other losses and traumas that the child has experienced?**
- **What the evaluation of the child revealed and whether s/he has had therapy or not.**
- **Whether the child had a medical evaluation to check for infections, damage to the genitals, etc.**
- **Any other useful information that the caseworker can give. Stay in constant contact with the caseworker.**

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Lecturette #4 (Cont'd)

Little is known about the effects of professional intervention in cases of child sexual abuse. A large percentage of sexual abuse cases are not readily resolved by reunification of the biological family. Most children go into foster care and stay there for three years or more. In many cases the condition of the biological family changes because of divorce, separation, etc. during the time that the child is in foster care.

Up to one-forth of the children who are reunited with their families are returned to foster care because of re-victimization. For this reason, the goal is control of the abuse rather than a cure for it. Sustained treatment of the perpetrator and the family can take from one-and-a-half to three years. The only thing that seems to have some success is when the perpetrator is permanently removed from the home. If the perpetrator stays in the home, most victims will not be returned because of the likelihood of further victimization (Faller, 1991).

Sexual abuse of children is considered traumatic because it is an abnormal event that disrupts the normal development of a child. Commonly, children who have been traumatized exhibit the following:

- **A deep sense of shame**
- **A sense of isolation from other children and adults**
- **Lack of trust in adults**
- **Identification with being a victim**
- **Anxiousness, depression, fear, self -blame**
- **Self-destructive behaviors**

Until the child has "processed" or resolved the sexual abuse trauma, s/he can use a number of defense mechanisms to "hide" the trauma. Using these defense mechanisms allows the sexually abused child to keep functioning. The most common defense mechanisms include:

Dissociation: Numbing of a body part while trauma is occurring, feeling of floating above what is happening. Experiences of stress in general can trigger this sort of response in a foster child. S/he may "space out" or seem to be in a trance.

Denial: Saying nothing happened or acting like nothing happened. Some children will act like the abuse had no effect on them because they don't show strong emotion about it.

Repression: Keeping from conscious awareness all aspects of the traumatic event. This literally means that a child will have no conscious memory of what occurred. This usually happens when the abuse has been physically painful.

Suppression: Memory of trauma is conscious but person chooses to forget about it most of the time. A child will not talk about the trauma most of the time but will remember that it occurred when s/he is asked about it.

When defense mechanisms can no longer keep the memory of the sexual abuse trauma hidden, a condition called Post Traumatic Stress Disorder (PTSD) may surface. Some symptoms of PTSD include:

- "Re-living" of the abuse through dreams or strong emotions
- Numbing of feelings
- Distancing from others
- Sleep problems
- Being overly wary
- Memory and concentration difficulties
- Excessive fear, depression, anger, or self-blame
- Feelings of worthlessness
- Suicidal feelings
- Abuse of drugs and alcohol (in older children)

When treating the effects of the trauma of sexual abuse, the following things need to be considered: (Finkelhor & Browne, 1986)

1. how the child was impacted by early exposure to sexual matters

2. the effects of being betrayed by a trusted adult

3. the level of self-blame and guilt the child has about the sexual abuse

4. the feelings of powerlessness the child had to stop the abuse (which might result in future victimization)

James (1989) offers ways to help integrate the trauma of sexual abuse. They include:

1. Helping the child understand why it is necessary to slowly and carefully examine what happened to them.

2. Helping the child to re-create the trauma elements in play and fantasy so they can be victorious survivors rather than victims.

3. Enabling the child to acknowledge their own ideas, feelings, and behaviors related to the event.

4. Assisting the child in accepting what really happened without minimizing or exaggerating the significance of it.

Often children do not integrate traumatizing experiences because they use the natural defense mechanisms that we mentioned earlier. These defense mechanisms help them cope, but as long as these mechanisms are being used integration doesn't happen. It takes a lot of energy to not think about or have feelings about what happened. This is energy that should be used for "kid" things like play and learning. Talking about the bad feelings and memories can make a child feel better and help them understand what happened.

A child's way of dealing with life is through play and fantasy. Many children who are traumatized are not able to play and fantasize because of fear about the event that occurred. They may have feelings like rage and hatred also. Children need to be provided with a setting where they will feel safe to play and do the things children do naturally.

FOSTERING FAMILIES

EXAMINING THE ROLE OF CASEWORKERS AND FOSTER PARENTS

LECTURETTE #5

THE ROLE OF FOSTER PARENTS & CASEWORKERS

Recognizing that the sexually abused child has been traumatized by the process of disclosure, and, further traumatized by the move from her/him home to a placement into a foster home, the foster parents have several roles to carry out, the first being to offer a safe environment.

In addition to providing a place of safety, the role of the foster family is to support the child as they move through the many steps of the reporting and investigation process. Later, the foster parents will help the child make peace with their past, including the sexual abuse. Foster parents provide love and caring but also modeling of appropriate relationship behaviors that are essential to the child. In addition to all of this, the foster parents can provide an important connection to the biological family. They can help the child not blame her/himself. Some children may have a great deal of anger at their biological parents because of their lack of care or because of the abuse. They may also have a lot of anger at the foster care system for taking them away from their parents.

Over time, foster parents can help a child see the strengths in her/his biological family but also its weaknesses. The weaknesses are something the child can learn from and move beyond. It is important for foster parents to see the child's need for connection to her/his biological family. Getting in the way of this can limit healing (Beyer, 1991). It is important for a child to have a sense of identity even though s/he may have been harmed in her/his family. The child will be asking the

FOSTERING FAMILIES

WHAT FOSTER PARENTS SHOULD CONSIDER WHEN TAKING A SEXUALLY ABUSED CHILD INTO THEIR HOME CHART H

Jean McFadden in Fostering the Sexually Abused Child (1986) asks the following questions of foster parents who wish to parent sexually abused children:

- Do the foster parents have a secure marriage or partnership?

- Do the foster parents have a satisfactory sex life?

- Is there good communication and trust with the case worker?

- Do the foster parents have a good knowledge of developmental stages of children and age-appropriate sex education for these ages?

- Can they handle their own feelings about the sexual abuse and be able to calmly listen to a child when s/he talks about it?

- Do the foster parents know if they themselves experienced sexual abuse as children and how that might impact their care of the child now?
Does the caseworker know that the foster parent(s) were sexually abused?

- Can foster parents ask for help and say "no" if a sexually abused child has needs that go beyond what they can offer?

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INFORMATION TO ASK FOR CHART I

Jean McFadden (1986) also suggests that foster parents ask the caseworker for the following information when they do have a child placed in their home who has been sexually abused:

- The age and developmental level of the child when the abuse began.

- Where the abuse happened and with whom.

- What time of day it occurred.

- The other things going on in the biological family at the time.

- Did the child suffer from emotional neglect as well as from the sexual abuse?

- What role did the child play with each parent?

- Are there other losses and traumas that the child has experienced?

- What the evaluation of the child revealed and whether s/he has had therapy or not.

- Whether the child had a medical evaluation to check for infections, damage to the genitals, etc.

- Any other useful information that the caseworker can give.

question, "Why did this happen to me and to my family?" Answering this question may produce anger but with it the realization that "they are still my parents."

Children play a particular role or roles in their biological families. They may come into the foster family wanting to play that same role. This is a form of connection to the birth family-- a connection that the foster family can not ignore. Foster parents often find serious difficulties because a sexually abused foster child may sexually "play" with other children in the family. Foster fathers may be tested or provoked to re-enact sexual behaviors familiar to the child. It may take a great deal of patience and insight to understand why children wish to behave similarly in the foster family.

Foster parents can also show the child ways to protect her/himself from future victimization. Building a child's self-esteem and self-confidence will assist with this. Also, teaching her/him that s/he has the right to say "no" when someone wants to touch her/him without their permission and saying they will "tell" if someone touches them in their private parts. Children must be trained to be careful around strangers and to refuse gifts, etc. from people they don't know. Don't let foster children (or your own children, for that matter!) wear clothing that has their name on it. Also, if someone besides you has to pick up your child from school, etc. use a code word or pass word so that the child knows that it is okay.

Individual or Group Exercise:

As a learning aid, to help gain more comfort in talking about sexuality and sexual abuse, examine Exercise #3 entitled "Talking About Sex".

TALKING ABOUT THE ABUSE

Foster parents should not pry about the abuse but should be willing to talk about it if the child wishes to do so. The foster parents' own children should be told

FOSTERING FAMILIES

TALKING ABOUT SEX
Exercise #3

PURPOSE: This activity is intended to help trainees overcome inhibitions that might prevent them from being able to talk clearly, openly and matter-of-factly about sexual matters. Being able to do so is absolutely essential in the proper handling of child sexual abuse cases.

The activity consists of four parts. The trainer may decide not to use all four.

PART I

This exercise can expect to generate laughter and is intended to loosen up people and allow them to laugh at how we talk about sex.

As part of large group discussion in the training, or, at home, develop a list of all the names--both technical and slang--for sexual body parts you have ever heard. Include your own family's "pet names".

In the groups, list all the names on newsprint. Remind trainees that children and families also use these names, many of which are unique to a family.

PART II

In this activity, read questions on the next page and answer these in the small group or at home.

For the group training experience, the trainer will go through the list of questions or statements--pausing after each so the group can address the item. When a trainee responds to the questions or statement, he/she must do so with (1) normal loudness of voice, (2) without laughter and (3) without embarrassment. If he/she does not succeed the first time, the other group members are to ask the trainee to try again. The trainee is to keep repeating the statement until they can say it without laughter and without embarrassment.

Adapted from Child Welfare Training Exercises: Examples and Models by Charles R. Horejsi, Ph.D.

Exercise #3 (Cont'd)

LIST OF QUESTIONS/STATEMENTS

1. **Discuss in your small group how it can be that even adults sometimes feel awkward and embarrassed when they must discuss sexual matters.**

2. **When you were a child, what word did you use to refer to your (penis) or (vagina)?**

(pause)

3. **When you were a child what word did you apply to a (penis) or (vagina) that belonged to a member of the opposite sex?**

(pause)

4. **Each member of the group is to now repeat all of the words used in the small group to describe a penis or vagina.**

(pause)

5. **When you were in grade school, what words did you use to refer to sexual intercourse?**

(pause)

6. **How about when you were in high school? What words did you use to refer to sexual intercourse?**

(pause)

7. **Each member of the group is to now repeat all of the names you have just heard used to describe sexual intercourse.**

(pause)

8. **Which one of those names for intercourse still makes you feel at least a little embarrassed? OK, now repeat it for the group.**

(pause)

Exercise #3 (Cont'd)

9. **Each member of the group is to now repeat all the words that cause himself/herself and all other groups members to feel some discomfort.**

(pause)

10. **Taking at least 30 seconds each to do so, describe in detail a man's behavior during the act of sexual intercourse.**
(i.e. vaginal intercourse)

(pause)

11. **Taking at least 30 seconds each to do so, describe in detail the behavior of two people engaged in mutual masturbation.**

(pause)

12. **Taking at least 30 seconds each to do so, describe the behavior of an individual engaged in oral intercourse with a person of the opposite sex.**

(pause)

13. **Each in group is to name at least three sexual terms they personally find offensive.**

(pause)

14. **Now each in group is to repeat names of all the offensive terms just mentioned in their group.**

(pause)

15. **Now in the small group, discuss this experience. what did you learn about yourself? Can you think of other ways you can improve you ability to talk matter-of-factly about sex?**

Exercise #3 (Cont'd)

PART III

The previous sections of this activity were designed to help trainees become comfortable with the sexual terms used by children and families. This exercise relates more directly to values and moral beliefs and confronts the issue of whether a professional can impose his/her own beliefs on a client.

How would you respond if you were asked these questions by children? What is your answer?

1. **What is a virgin?**
2. **Should I be a virgin when I get married?**
3. **What does an orgasm feel like?**
4. **Can I get pregnant the first time I have sex?**
5. **How will I know if I'm gay or a lesbian?**
6. **How can I keep my boy friend without having sex with him?**
7. **Should I have oral or anal sex with a partner?**

Exercise #3 (Cont'd)

8. **I think if I have a baby, my boy friend will marry me.**

9. **What is the best birth control method?**

10. **Where can I get birth control methods?**

11. **If I get pregnant, how can I get an abortion? (or for my girl friend)**

12. **How do I put on a condom?**

13. **I only have sex with people I really know well, so I don't have to worry about getting AIDS, do I?**

14. **If I get pregnant (get my girl friend pregnant), my parents will kill me.**

15. **How do boys get an erection?**

16. **If I have had sex with my father, have I really had sex?**

17. **Do girls have an orgasm?**

18. **When will I have an orgasm?**

19. **My friend wants to put his penis in my mouth. Should I try that type of sex?**

about the abuse by mentioning that the foster child was touched in his/her private areas. This is something that can be talked about in the family but not outside of it. *The family's role is to offer privacy and respect to the child.*

Foster parents should not talk at school about the abuse. The caseworker should do this if it is appropriate. The foster child should be told that school and clubs are not the places to talk about the abuse. Foster parents may need to help the child decide what to say when asked by others why s/he is in their home. They should speak the truth but not need to go into detail. They can also say that it is private or they don't want to talk about it.

Sometimes a child may accuse the foster parent of inappropriately touching him/her. If this does happen, the foster parents should report this to the caseworker immediately.

ROLE OF THE CASEWORKER

The initial work for the caseworker includes creating a treatment plan considering the needs of the particular sexually abused child. The goals of the treatment plan include restoring the child to normal functioning and helping to prevent long-term effects from the sexual abuse and consequent removal from the home.

The caseworker can play an important role in hearing the frustrations of the foster parents who are caring for the sexually abused child. They may also provide the foster parents access to needed support and professional assistance.

Caseworkers act as advocates for the sexually abused child in the legal and social service systems. This assures that the perpetrator gets the treatment he needs. Caseworkers also act as advocates for the sexually

abused child by screening intrusive questions asked of the child during the interviewing process. Caseworkers need to keep a careful watch of the sexually abused child's behavior. Often children who have been sexually abused before placement, will report that the foster parents have also been sexually abusive. From observation of the child, caseworkers can often discern if the foster parent(s) has acted inappropriately with the child.

Because of the extreme emotional demands of the caseworker in sexual abuse cases, it is important that the worker have a good sense of his/her own attitudes about sexual abuse. Feelings of frustration and anger will arise that are common in working with sexual abuse cases. Even with an awareness and understanding of these feelings, handling sexual abuse cases is still extremely difficult for caseworkers.

Things that often interfere with good case management include:

*concerns about being harmed by the perpetrator;
*concerns to be liked by birth parents;
*lack of support within the system;
*feeling overwhelmed by high caseloads (many of which may be sexual abuse cases);
*a desire to be in control of what is happening (Copans, et al., 1978).

Being made aware of these factors through training and support within the social service system can help with the feelings that are produced because of them.

FOR FOSTER PARENTS AND CASEWORKERS: HOW TO HELP CHILDREN WHO HAVE BEEN SEXUALLY ABUSED.

HOW TO HELP: (Taken from James, 1989)

1. ***Be patient and understanding, while providing love and assurance.*** The aftermath of the reporting of the abuse can be equally traumatic for the child. It appears that s/he is being punished for her/his part in it because s/he has been questioned by unfamiliar adults, rejected by her/his family, removed from her/his home and placed in foster care. All of these traumatic experiences make the child vulnerable and defensive.

2. ***Realize that children blame themselves for what happened and may consider themselves "bad" and deserving of the abuse.*** At this age things are all good or all bad for children and they need to view their parents as good. They will love the parent and be fiercely loyal to him even if they were abused by him. Try to understand these feelings in a child and don't try to convince him/her that his/her parent is "bad". Also, you will need to emphasize to the child that the abuse was not his/her fault and that it happens to many children.

3. ***Recognize that sexual abuse is an abnormal event that can interrupt a child's normal developmental process.*** Children may react by regressing to younger behaviors such as thumb sucking or rocking. Patience and nurturing will help make these behaviors temporary. As the child becomes more secure he will continue to develop more normally.

Individual or Group Activity:

Examine Chart J entitled "For Foster Parents and Caseworkers: How to Help Children Who Have Been Sexually Abused."

4. ***Find a good therapist who has experience working with sexually abused children.*** This is most important for your foster child. Children who are assisted in talking about and understanding the experience by someone who believes their stories, can be helped to avoid long-term effects of sexual abuse.

5. ***Respect the relationship between the child and her therapist.*** Don't ask the child what she talked about in session or try to correct what the therapist is telling her. It is more appropriate to meet with the therapist in a separate meeting.

6. ***Check to see if the child believes the abuse occurred.*** There are times when children need to pretend that their experiences of sexual abuse did not happen. Ask the child if he believes the abuse occurred or if, for now, he needs to pretend that it did not. It's not necessary to convince the child.

7. ***Allow and gently encourage the child to talk about the abuse even though it may cause distress initially.*** Talking helps to minimize the long-term effects of the abuse and provides repeated opportunities to tell the child they are not at fault. The child should also be informed about when, where, and with whom to talk about the abuse.

8. ***Try to prevent future abuse by discussing "appropriate" touching versus "inappropriate touching."*** Tell the child that if anyone touches her in private areas or asks to touch them, s/he should tell you about it.

9. ***Be the one constant person the child can turn to for comfort, explanation, and reassurance during the aftermath of the reporting of the abuse.*** Children need a sense of security and stability during this time--things that they will probably not get from their birth parents.

FOSTERING FAMILIES

FOR FOSTER PARENTS AND CASEWORKERS: HOW TO HELP CHILDREN WHO HAVE BEEN SEXUALLY ABUSED

CHART J

1. **Be patient and understanding, while providing love and assurance.**

2. **Realize that children blame themselves for what happened and may consider themselves "bad" and deserving of the abuse.**

3. **Recognize that sexual abuse is an abnormal event that can interrupt a child's normal developmental process.**

4. **Find a good therapist who has experience working with sexually abused children.**

5. **Respect the relationship between the child and her therapist.**

6. **Check to see if the child believes the abuse occurred.**

7. **Allow and gently encourage the child to talk about the abuse even though it may cause distress initially.**

8. **Try to prevent future abuse by discussing "appropriate" touching versus "inappropriate touching."**

9. **Be the one constant person the child can turn to for comfort, explanation, and reassurance during the aftermath of the reporting of the abuse.**

FOSTERING FAMILIES

PROVOCATIVE SEXUAL BEHAVIORS IN ABUSED CHILDREN

Lecturette #6

As was mentioned earlier, the only specific behaviors that indicate sexual abuse by themselves are age inappropriate sexual behaviors and developmentally advanced sexual knowledge. Sexual behavior is learned, so if children show an excessive interest in, knowledge of, and participation in sexual activity, it can be assumed that they have been exposed to sexual activity. This would include fondling, penetration or exposure to sexually explicit activities, materials or videos.

Many children who were themselves victimized become abusers with other children. They may also remain victims by trying to solicit further sexual interactions with adults by provocative behavior. It is not unusual to see excessive and open masturbation in these children. These kinds of behaviors can cause feelings of alarm and disgust in substitute caregivers. Many children are moved from placement to placement because foster parents do not know how to handle this kind of behavior. Some foster parents feel sorry for the child and are hesitant to intervene. Others are tempted to blame the child for what happened. Foster parents should realize that a child's sexual "appetite" has been aroused at a young age and what may seem abnormal sexual behavior for most children may be normal for a sexually abused child. For instance, it may not be unusual for a sexually abused child to masturbate three or more times a day. Although this behavior is unusual compared to most children, it can be expected of the sexually abused child.

As was mentioned, there are sexual acting out behaviors that are challenging to handle. If a child is sexually aggressive, the foster family should only take her/him if s/he will be the youngest child in the home.

All aged children normally engage in some sexual activity. You may see masturbation, interest in "dirty magazines" or an attempt to "sneak a peek" at an adolescent sibling. Especially at puberty, kids are interested in sex. But abused children demonstrate sexual behavior that is advanced for their ages. They seem to lack discrimination between what is appropriate and what should be performed in private. This display of sexual behavior by previously abused children is a particularly difficult area for foster parents. This "inappropriate" behavior can take many forms including:

* **public masturbation**
* **sexualized kissing and hugging**
* **seductive behavior towards adults**
* **clinging to adults**
* **"dirty" sexual language**
* **dressing in seductive ways**
* **excessive sexual playing with other children**

The most important thing to remember is that sexually abused children are still children with normal needs for attention, affection, and a sense that they are loved and special. When these children act out in sexual ways they are seeking attention and caring, perhaps in the only ways they have learned. They need to be taught that there are other ways to ask for and express affection. As a foster parent you can model these ways, explain them to your child and set rules about what is acceptable in your family. Sexually abused children need limits and need to know what the rules are. Your child should also know the consequences of exhibiting inappropriate behavior. (James, 1989)

Handling inappropriate sexual behavior with spanking or other harsh methods (like washing the child's mouth out with soap) is not recommended. Spanking only reinforces to the child that adults have the right to touch private areas and, for some children, is sexually stimulating. Washing a child's mouth out with soap adds to his feelings of being bad or dirty.

Better ways to handle the behaviors include: (Taken from James, 1989)

*** avoiding situations that could present problems, such as sitting on Dad's lap;**

*** not having two children or the foster parent and a child alone together for extended periods of time;**

*** not reinforcing the behavior by cuddling with the child when it happens (be affectionate with the child when he is <u>not</u> behaving this way);**

*** don't sit in bed with foster children of <u>any</u> age or let them come into your bed (for your own protection as well as teaching the child);**

*** have all family members dress appropriately at all times; and,**

*** teach the child what kind of touching and with whom is acceptable in your home.**

*** when "no" doesn't work with the child, separate him from other children for a period of time.**

*** for a 7 or 8 year old or a middle aged child who is developmentally delayed, you may need to remove his hand, say "no" and explain in a simpler way.**

The child who masturbates publicly, should be told that behavior happens privately, not in public. He can also be removed from the public place so that he realizes the behavior is not acceptable in that location. Remember to give him plenty of love and affection when he has minimized the behavior. If any of these problems persist, the caseworker and therapist should be informed.

How to Help: (Taken from James, 1989)

1. *Handle the behavior "simply, directly, and without emotional charge."* This may require mild interventions or very abrupt ones. Be firm, but caring.

2. *Handle the behavior as you would nose-picking which is also inappropriate.* It has to stop.

3. *Don't physically or emotionally withdraw from the child.* Do give him alternative and appropriate ways to behave. Model these for him and also make suggestions.

4. *Handle the behavior when it happens.* Don't wait for time alone. If you handle it privately it will only add to the stigma of shame and give the behavior undue importance.

5. *Do let the child know that it is okay to have sexual feelings.* We all have them. What is important is learning to express them at the right time and place. For children, this means indicating that the right time is when they are older.

6. *Don't indicate to the child that you are offended by her behavior or overwhelmed by it.* This would only increase her sense of being bad and reinforce her ability to have control over adults.

Individual or Group Activity:

Examine Chart K entitled "Responding to the Provocative Sexually Abused Child".

7. ***For siblings who are sexually demonstrative to one another, express your understanding that this is how they have learned to care for one another.*** **Also let them know that there are other ways to express that caring in your household.**

8. ***Emphasize to children that sexual interactions between adults and children are <u>never</u> appropriate.*** **Tell your child that you will protect her from that kind of interaction until she is able to protect herself.**

9. ***Teach your child appropriate ways to express love and caring with good touching—hugs, kisses on the cheek, etc. Rules about this in the foster family need to be very firm.***

FOSTERING FAMILIES

RESPONDING TO THE PROVOCATIVE SEXUALLY ABUSED CHILD

Chart K

1. **Handle the behavior "simply, directly, and without emotional charge."**

2. **Handle the behavior as you would nose-picking which is also inappropriate.**

3. **Don't physically or emotionally withdraw from the child.**

4. **Handle the behavior when it happens.**

5. **Do let the child know that it is okay to have sexual feelings.**

6. **Don't indicate to the child that you are offended by her behavior or overwhelmed by it.**

7. **For siblings who are sexually demonstrative to one another, express your understanding that this is how they have learned to care for one another.**

8. **Emphasize to children that sexual interactions between adults and children are <u>never</u> appropriate.**

9. **Teach your child appropriate ways to express love and caring with good touching–hugs, kisses on the cheek, etc. Rules about this in the foster family need to be very firm.**

FOSTERING FAMILIES

AFTER AFFECTS OF SEXUAL ABUSE

Exercise #4

Instructions: Have two trainees read the parts of Mr. Green and Lana, the foster child. In small groups or as a large group, review the discussion questions on the next page.

OVERVIEW: Lana, age 13, was sexually abused by her father from about age 5 until two months ago when she was placed in the Richard and Mary Green foster home. The seven years of sexual abuse has "trained" Lana to use and be used sexually in her relationships with men. Lana's mother has consistently sided with her husband (the offender) and denied he did anything wrong. Her father is now participating in a local sex offender treatment program.

It is Sunday afternoon and Lana and Mr. Richard Green, the foster father are home alone. Mrs. Green is visiting her mother and sister in a nearby town. Mr. Green is watching football on T.V.

SCRIPT

Lana:	**(comes into T.V. room) What are you watching?**
Mr. Green:	**I'm watching the Bronco game. They are doing real well. That's better than I could say for them last week.**
Lana:	**Can I watch?**
Mr. Green:	**I don't think you better. We all agreed that you needed to spend more time on homework. Go put in an hour on homework and then you can watch an hour of T.V.**
Lana:	**I hate homework. Homework is so boring. Please can I watch just a few plays?**
Mr. Green:	**I really want you to do some homework.**
Lana:	**You are being mean. Please!**

Exercise #4 (Cont'd)

Mr. Green:	**Well OK, but just for a few minutes.**
Lana:	**Oh thank you. Can I sit on the couch with you?**
Mr. Green:	**Sure.**
Lana:	**(sits quite close to Mr. Green)**
Mr. Green:	**(feeling uncomfortable with the closeness he moves away from Lana, but remains on the couch)**
Lana:	**Do you like me?**
Mr. Green:	**Well, sure.**
Lana:	**Do you think I am pretty?**
Mr. Green:	**Well, yes. I think you are a very attractive young woman. Don't you think you should do your homework now?**
Lana:	**I want to watch T.V. (puts hand on inside of his leg) Can't I stay and watch? My dad always let me watch T.V.**
Mr. Green:	**(uncomfortable) Removes her hand. I think you better go now.**
Lana:	**Oh, please let me stay. (Again, puts her hand on his leg)**
Mr. Green:	**(gets up fast and angry) God dammit! I said, do your homework! Now get the hell up to your room. And I am not you God Damn dad! Stay in your room until my wife gets home!**
Lana:	**(bursts into tears) You don't really care for me. You are only taking care of me for the money (runs out of room).**

DISCUSSION QUESTIONS

1. How do you feel about this situation?

2. How do you explain what happened?

3. What should a foster father do when a foster daughter makes sexual overtures?

4. Should Mr. Green tell his wife what happened?

5. Should Mr. Green tell the social worker about this incident? If yes, how should the social worker respond?

6. How can foster parents be prepared to handle a child that has been exposed to sexual activity?

7. In what way can a healthy and appropriate parent-child relationship between Mr. Green and Lana be an important corrective and therapeutic experience?

FOSTERING FAMILIES

TREATMENT FOR THE TRAUMA OF SEXUAL ABUSE

Lecturette #7

When children are removed from their birth home and placed into foster care, the long range plan, if at all possible, is returning them to their birth family. In the aftermath of reporting, a family system is greatly disrupted. If the father has been the sexual abuse perpetrator, he may still want to keep his position of authority in the family. He may on the other hand be forced to leave the home and may face criminal charges for sexually abusing the child. This can be a time when he may become very threatening to the child, the child's mother, and the caseworker. The perpetrator may also consider suicide. This can be a time of real change, however, because the abuser can get treatment. Treatment does seem to be more effective when it is supervised and required by the courts. Usually treatment involves therapy with other perpetrators and takes the form of peer confrontation and pressure and peer support. The purpose of the therapy is to stop the sexual abuse of the child and to also change the power structure in the family so that it will not happen again.

The mother of the child may end up with the full responsibility for the family. If her husband leaves she may lose financial support and may be threatened by him. She may have feelings of despair, panic, and rage, and may blame the child for disrupting the family. Therapy for the mother must succeed in convincing her that the child was not to blame for the sexual abuse and having her reassure the child that she doesn't hold her/him responsible for what happened. (Hoorwitz, 1983)

FOSTERING FAMILIES

The child who experienced the sexual abuse will more than likely be removed from the home. The difficulties for the child do not end, however, just because s/he has been removed from the home and the sexual abuse. Children often consider removal from their home a "punishment" for having reported the abuse; often their birth parents are unsupportive and angry at them for having reported the sexual abuse. A sexually abused child needs support and can get it from the foster parents and caseworker, from peers who have had the same experience, and from individual therapy. Individual therapy may include education about how to protect themselves from further abuse. It will also include ways to increase the child's self-esteem by diminishing self-blame about the sexual abuse.

Another important part of therapy is building a strong bond between the sexually abused child and her/his mother. This would happen in counseling after the child has had individual counseling for a while and the mother has also had counseling. This is a time when the mother can also get a lot of support outside of the family that will give her choices in her life (such as, if she wishes to stay with the person who sexually abused her child). The caseworker can act as an ally to provide a link to parent support programs that provide financial aid, medical and legal referrals, shelter, babysitting, employment resources, and emotional support. (Hoorwitz, 1983)

It is obvious that the family of the sexually abused child who has been placed in foster care must make many changes before the child can be returned to the home. This process can take up to two years or more in most cases. The child stays in the foster care system during this time and caseworkers, foster parents and other professionals have key roles to play in the life of the child.

THERAPY

Some behaviors that result from the sexual abuse can be worked with in the foster home. There are many, however, that will require the guidance and counseling of a professional therapist. Two particular areas that are more difficult to handle and will require professional assistance are children who have been given money, food, toys, etc. for sex; and children who have used sex as a way of getting pleasure or to relieve tension. The caseworker will be able to determine if therapy is necessary. A therapist can also help with specific difficulties like bedwetting or nightmares.

A foster parent's role in the therapeutic process is to get the child to the sessions, communicate with the therapist about the child's behaviors at home, follow through on suggestions by the therapist, and keep the caseworker informed about the sessions and the progress of therapy.

Many times children will seem to regress (or return to former behaviors) when in therapy. A child's development could have been arrested at the time the sexual abuse occurred, so this regression often happens. This is a normal reaction to therapy. If regression continues for a long period of time, however, something is wrong. Foster parents should talk to the caseworker and the therapist about it. The child may act out sexually in the home. This can indicate that a lot has been stirred up in the child at therapy and the foster home is a safe place to act it out. If this behavior is prolonged or excessive, again, foster parents should speak to the caseworker and the therapist.

Children often do not want to go to therapy. This is usually a sign that the therapy is affecting the child in ways that will lead to healing the trauma of the sexual

abuse. If there is a lot of resistance, it may mean that therapy is moving too fast or the therapist is using methods that are too difficult for the child. Here is another instance where the foster parents should talk to the caseworker and the therapist. A joint meeting between foster parents, the caseworker and the therapist can be a means of airing concerns about therapy and its impact on the child. The therapist should keep the caseworker and foster parents continuously informed about the therapy so that they do not have to ask the child what takes place in sessions.

The role of the therapist is to provide a safe place for the child to become aware of what happened to her/him during the sexual abuse. The child should feel safe to express the feelings s/he has about what happened (anger, fear, sadness, etc.) and also the experience of being removed from his home.

A child usually knows that the abuse happened but will be given assistance to understand what happened and how it has affected her/him. They will learn that bad things happen but they can be dealt with and life goes on. The types of things a therapist will do in therapy are to help the child talk about the abuse and help the child understand why s/he is in therapy. The child will also learn that their feelings are not the same as their actions.

Therapy can also be looked at as something that can disrupt the inter-generational "cycle of abuse." If this child gets help sorting out her/his experience, s/he may not need to pass the experience of being abused onto her/his own children. Children can also be shown

that they don't have to remain victims throughout their lives. There are ways to stand up for themselves and protect themselves from people who may try to abuse them in the future. This is important since studies show that children who were sexually abused in their own families tend to be raped or sexually assaulted by those outside of the family when they are older (Herman, 1981: Meiselman, 1978).

For some children (particularly teen-agers), group therapy is seen as effective. It gives children who have survived sexual abuse the chance to be with those who had the same experience. This can help to lessen the shame and guilt they feel about the experience and help them see that they are not alone in what they have experienced.

Conclusions

It may be apparent from the preceding material that childhood sexual abuse is a complicated problem. It has long term effects for the sexually abused child but also for her/his birth family and the foster care system. It is not uncommon for some children to stay in out-of-home placement until they are 18 years old. During this time of placement, caseworkers and foster parents have key roles to play in helping the child to develop normally. Therapists and other professionals may also play important roles in this process while children are in foster care and long after they leave the foster care system.

Children who are sexually abused may need to continue to use therapy at different developmental stages in their lives including puberty, marriage, birth of their own child, or death of their birth parent(s). Therapy shortly after the abuse occurs is essential but this will not address developmental issues at that particular level of development. Other issues will have to be addressed as the child gets older.

FOSTERING FAMILIES

Lecturette #7 (Cont'd)

Foster parents may find themselves connected to those children who have been sexually abused long after the child(ren) has left their home. These children need ongoing love and support and a sense of stability that they did not have in their birth families.

FOSTERING FAMILIES

KEY POINTS

1. **Although children of all ages, races and economic levels are abused, there are certain factors that are more commonly associated with the sexual abuse of children in their families.**

2. **Many children who have been sexually abused do not report its occurrence until they have been in out-of-home placement for a period of time. Foster parents and caseworkers need to be alert to symptoms and common behavior problems seen in children who have been sexually abused.**

3. **The traumatic effects of sexual abuse can be similiar to other forms of trauma including removal from the birth home, physical abuse, etc. Sexually acting out behaviors make a history of sexual abuse likely.**

4. **Children who have been sexually abused are children first and still have the same needs for love and caring as other children. They need to learn more appropriate ways to get this love and caring.**

5. **Many children deny their stories of sexual abuse because of threats from the perpetrator, the passage of time, fear of court appearances, etc.**

6. **Other professionals will more than likely offer support to the child and her/his family members. These would include therapists, medical personnel, legal representatives and others.**

FOSTERING FAMILIES

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This is a listing of the references used to prepare this module.

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FOSTERING FAMILIES

ASSIGNMENT FOR PARTIAL CREDIT

***INSTRUCTIONS*:**

Review Exercise 33 "Talking About Sex." In Part III, you have the opportunity to consider how you might respond to a foster child who asks these questions. Write out your possible responses to each of these seven questions.

Please complete this assignment within two weeks of the training and mail to:

Dr. Mona S. Schatz
Fostering Families
Colorado State University
Social Work Department
Ft. Collins, CO 80523

FOSTERING FAMILIES

Colorado State University
Application for Partial Credit

Module No.: SW_ _ _ _-_ _ _

Name: _____ **Social Security #:**_____

Address: _____ **Phone:** _____

_____
(city) (state) (zip)

Grading: Pass/Fail (unless otherwise requested)

The Social Work Department at Colorado State University will grant university credit for each six different modules of training completed. Applications for credit must be made at the Time of Each Module Training ONLY. All work carried out in the modules must meet general academic standards of Colorado State. Written materials must be submitted and receive satisfactory grading for credit to be awarded. These applications will be held until the applicant completes his/her sixth module training. At this point, s/he will be able to formally register through the Division of Continuing Education for 1 credit hour. One credit hour of these modules costs $90.

FOSTERING FAMILIES

UNDERSTANDING THE IMPACT OF SEXUAL ABUSE

EVALUATION BY PARTICIPANTS

The following items are designed to assess your satisfaction with the training as well as the effectiveness of the training design and materials. Please use the following scale and circle your response.

1 - not well addressed in the training
2 - not as adequately addressed as necessary
3 - adequate; given sufficient attention
4 - well addressed in the training
5 - very well addressed in the training

	Not Well Addressed				Very Well Addressed
1. Toward improving the child placement and treatment planning processes for caseworkers and foster parents, participants will:					
a) identify family and environmental factors commonly associated with child sexual abuse	1	2	3	4	5
b) examine common symptoms and behaviors of children who have been sexually abused	1	2	3	4	5
c) explore how to handle specific problem behaviors in children who have been sexually abused	1	2	3	4	5
d) explore the reporting and validation procedures of alleged sexual abuse	1	2	3	4	5
2. To enhance the monitoring and supervision processes, trainees will:					
a) examine the role of foster parents in helping sexually abused foster children	1	2	3	4	5
b) examine the roles and responsibilities of caseworkers	1	2	3	4	5
c) review therapeutic intervention strategies for sexually abused foster children	1	2	3	4	5

B. The following items relate to program aspects of the training module. Please rate these items on the following scale. Any additional comments are welcome in the space provided after the question.

1 = Very Poor
2 = Poor
3 = Adequate
4 = Good
5 = Very Good

	Very Poor	Poor	Adequate	Good	Very Good
1. The length of the training (Was the material covered in the time allotted?)	1	2	3	4	5
2. Usefulness of training manual	1	2	3	4	5
3. Participant responsiveness	1	2	3	4	5
4. Your ability to participate expressing your ideas, feelings, and concerns	1	2	3	4	5
5. Your interest in the training session	1	2	3	4	5
6. Your comprehension of the material presented	1	2	3	4	5

COMMENTS: Please be specific:_____

C. We are interested in your feedback about our trainer, co-trainer(s). With this feedback we can continue to improve our sessions.

1 = Totally inadequate and ineffective
2 = Generally inadequate and ineffective
3 = About half and half
4 = Usually adequate and effective
5 = Highly adequate and effective

	Totally Ineffective/ Inadequate		0		Highly Effective/ Adequate
1. Knowledge/mastery of the subject matter	1	2	3	4	5
2. Preparation	1	2	3	4	5
3. Ability to communicate	1	2	3	4	5
4. Style of presentation	1	2	3	4	5
5. Enthusiasm/interest in subject matter	1	2	3	4	5
6. Overall performance	1	2	3	4	5
7. Ability to facilitate	1	2	3	4	5

8. In general, what would you identify as the strengths of trainer(s)?

9. In general, what would you identify as the deficiencies of trainer(s)?

D. The training setting is obviously an important aspect of a sessions success. We are interested in your feedback regarding the location, room, etc., and again welcome any comments or suggestions.

	Very Poor	Poor	Adequate	Good	Very Good
1. Setting appropriate for concentration, i.e., distraction, noise, temperature.	1	2	3	4	5
2. Setting conducive for participation	1	2	3	4	5

COMMENTS: Please be specific:

E. Overall Comment: What could have been done differently to make the training sessions more beneficial or helpful to you? (Please use back of page if necessary).

I.D. #_ _ _ _

FOSTER CARE DEMOGRAPHICS

E. DIRECTIONS: Please fill in all blanks with information where needed or circle the correct number where several choices are provided on the next two pages.

1. Last 4 #'s of Social Security # _ _ _ _

2. Circle correct role: 1. worker 2. foster parent 3. Other_____
(please specify)

3. Date _ _ - _ _ - _ _

4. County _____

5. Circle gender: 1. Male 2. Female

6. Circle racial background:
1. Hispanic
2. Black, not of Hispanic origin
3. Asian-American
4. American Indian
5. White, not of Hispanic origin
6. Other:_____

7. Age_____

8. Are you (please circle one): 1. Married 2. Separated 3. Single

9. Number of birth & adopted female children_____

10. Number of birth & adopted male children_____

11. Circle age group of birth & adopted children:

1. all under 5
2. all under 10
3. all under 15
4. all under 18
5. all over 18
6. some under 18 & others over 18
7. none

12. Highest level of formal education: (please circle one)

1. some high school
2. high school graduate
3. some college
4. college graduate
5. Master's degree or higher

13. Within the past year, have you participated in any other foster care training other than Colorado State's Fostering Families?
1. yes 2. no

Thank you for your help! Your feedback is important for our continuing improvement of the Fostering Families project.

PLEASE CONTINUE TO THE NEXT PAGE

F. DIRECTIONS: Finally! Complete only the section which refers to you as either a Foster Care Parent or Foster Care Worker.

FOSTER CARE PARENT SECTION

14. What type of agency are you employed or licensed through?

1. County Department of Social Services
2. Private Child Placing Agency (please specify)_____
3. Both County Department of Social Servoces and Private.
4. Indian/Tribal
5. Other (please specify) _____

15. Total # of children presently in home_____

16. Number of foster female children_____

17. Number of foster male children_____

18. Circle age group of foster children:

1. all under 5
2. all under 10
3. all under 15
4. all under 18
5. all over 18
6. some under 18 & some over 18
7. no children now
8. not yet foster parents
9. other_____

19. Is at least one parent in the home providing parenting and supervision?

1. Yes 2. No, Parent(s) have work responsibilities outside of the home.

20. Length of involvement as foster family: _____years

21. Number of foster children for which licensed_____

22. Total number of foster children since being a foster parent_____

23. Circle general age groups of foster children you have served:

1. 0 - 24 mos.
2. 1 - 6 years
3. 0 - 12 years
4. 0 - 18 years
5. 0 - 21 years
6. short term/emergency

FOSTER CARE WORKER SECTION

24. What type of agency are you employed or licensed through?

1. County Department of Social Services
2. Private Child Placing Agency (please specify) _____
3. Indian/Tribal
4. Other _____ (please specify)

25. Are you currently employed as a foster care worker? 1. Yes 2. No

26. Length of time in current agency _____years

27. Current title:

1. Caseworker I
2. Caseworker II
3. Caseworker III
4. Supervisor I
5. Supervisor II
6. Foster Case Trainer
7. Other (specify) _____

28. Length of time in current position _____years

29. Length of time in protective services/foster care unit _____years